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NATHANIEL CHAPMAN, M.D.

[THE following interesting sketch of the life and character of Dr. Chapman, of Philadelphia, is from the Medical Examiner of that city. It will be read with interest by physicians in all parts of the country, not a few of whom have listened to his instructions as a public lecturer.]

Professor Chapman is the Sir Henry Hallford of the United States. He is not more distinguished for professional attainments than for courtliness and vivacity of manner, wit, knowledge of the world, and literary taste. His private character forms a marked contrast with that of his late friend and cotemporary, Physick, with whom he so long shared the first rank in the profession of Philadelphia. Physick, who shunned general society, and was little known except in professional intercourse, had a reserved stateliness of manner from which he never unbent. Engrossed by his patients and profession, he seldom entered into the every-day topics of life, and is remembered only as the skilful surgeon and successful operator. Chapman's temperament was cast in a different mould. Eminently social in disposition, with a gaiety of spirit that has not flagged with years—a wit—a punster—delightful as a companion, and enjoying company, he has, for a long period, occupied a position, we may say unrivalled, in the society of this city. To these brilliant qualities he unites the kindest feelings. His wit is without malice, and he is frank, open-hearted, and open-handed. It is not, then, surprising that he is individually as popular as he is professionally eminent.

Dr. Chapman was born in Fairfax county, Virginia, on the 28th of May, 1780, and has therefore nearly completed his 62d year. His paternal ancestor came to Virginia with the first colony, was a captain of cavalry in the British army, and, according to an authentic tradition in the family, was the youngest son of a cousin-german of Sir Walter Raleigh. The family settled on the river Pomonkey, some twenty miles from Richmond, but the branch from which the doctor is descended, migrated about a century and a half ago to Maryland, and fixed itself on an estate on the banks of the Potomac, nearly opposite Mount Vernon, which is still in their possession. The doctor's father, however, went to Virginia, upon his marriage, where he afterwards remained.

Dr. Chapman received his early education at the Classical Academy of Alexandria, D. C., founded by General Washington, where he was six years. He subsequently spent a short time in two colleges, though not long enough to owe either any obligation. He came to Philadelphia in the autumn of 1797, to commence the study of medicine with the

late Professor Rush, of whom he became a favorite pupil. He continued three years with Rush, and in attendance upon the lectures at the University of Pennsylvania, from which he received his degree in the spring of 1800. The doctor's thesis was on hydrophobia, written, we have been told, at the request of Dr. Rush, in answer to an attack upon his favorite theory of the pathology of that disease. Dr. Chapman had, we believe, previously prepared another thesis, on the sympathetic connections of the stomach with the rest of the body, which he afterwards read before the Philadelphia Medical Society. This contained the substance of the peculiar views on fever and other diseases, as well as the *modus operandi* of medicines, which he has since taught. While a student, Chapman found time to become a frequent contributor to the *Port Folio*, a magazine of some celebrity in its day. His contributions, under the signature of Falkland, had considerable popularity.

In 1801 he went abroad, and spent four years chiefly at Edinburgh and London. He remained a year in London, the private pupil of Abernethy, and thence passed to Edinburgh. Edinburgh was then celebrated equally for her school of medicine and her literary and scientific society. Students of medicine resorted thither, as now to Paris, from all parts of the world. Nearly all our American physicians of the olden time, Morgan, Shippen, Kuhn, Rush, Wistar, and many others, received their education at Edinburgh. It may be supposed that Dr. Chapman made the most of his opportunities in the distinguished circles of the modern Athens. He was enabled to see not a little of the eminent persons of those days, and enjoyed considerable intimacy with Dugald Stewart, the Earl of Buchan, and Brougham, then a fellow student. Before his departure from Edinburgh, Lord Buchan gave him a public breakfast, on the birth day of Washington, at which a number of distinguished persons were present, when he took the occasion to entrust him with an interesting relic, valuable from a double historical association. Lord Buchan had presented to General Washington a box made of the oak that had sheltered Sir William Wallace after the battle of Falkirk, with a request "to pass it, in the event of his decease, to the man in his country who should appear to merit it best." General Washington, declining so invidious a designation, returned it by will to the Earl, who committed it to Chapman, to be delivered to Dr. Rush, with a view of its being ultimately placed in the cabinet of the college at Washington, to which General Washington had bequeathed a large sum.

Dr. Chapman returned to this country in 1804. He established himself in Philadelphia, where he soon afterwards married. His attractive manners and reputation for talent secured his almost immediate success in practice. He became the favorite physician of a large portion of the higher classes of Philadelphia, and has continued, for more than thirty years, to occupy this position. He was the physician and confidential friend of the Count de Surveilliers (Joseph Bonaparte), during his long residence in Philadelphia and its vicinity. From the Count he gathered a large fund of interesting anecdote of the illustrious brother of the ex-king, and the men and scenes of his eventful times, from which the doctor occasionally draws. In his day, Dr. Chapman has seen much of the promi-

nent statesmen of the United States, and, though never entering into politics, he is familiar with the personal history and character of most of our public men. He was summoned to the death-bed of General Harrison, though too late to assist in the treatment.

As a practitioner, Dr. Chapman is distinguished as much for the charm of his manner in the sick-chamber, as for skill and success in prescribing. His lively conversation and ever-ready joke are often more effective than anodyne or cordial. Indeed, in cases of trifling importance, the doctor sometimes prescribes little else. In pleasant chit-chat, both patient and physician forget the object of the visit, and the doctor will depart and "leave no sign" for pill or bolus. But, when roused by symptoms of actual severity, Dr. Chapman is almost unequalled in resources, as he is devoted in attentions. Hence, as a consulting physician, his great powers are particularly conspicuous. Rapid and clear in diagnosis, inexhaustible in therapeutics, self-relying, never discouraged, never "giving up the ship," he is the physician of physicians for an emergency.

Dr. Chapman is best known abroad as a writer and a lecturer. Not long after his return home, he published a work entitled "*Select Speeches, Forensic and Parliamentary*," with critical and illustrative remarks, in five 8vo. volumes, which attracted much attention. He has since, however, confined his pen to scientific topics. The year of his return, 1804, he gave a private course upon obstetrics, which proved so popular, that, in 1806, at the age of 26, he was elected adjunct to the chair of Midwifery in the University, and soon afterwards to that of the *Materia Medica*. His colleagues of that day, Shippen, Rush, Wistar, Physick, James, are gone, and he remains the senior professor in the University, and, doubtless, the oldest lecturer on medicine in America. The course of lectures on *Materia Medica* is beyond the memory of the writer of this sketch. The views and arrangement adopted by the lecturer may, however, be inferred from his "*Therapeutics*," to which allusion will be made. At the death of Rush, in 1812, Chapman was transferred to the chair of Theory and Practice, which he has ever since filled.

The lectures of Professor Chapman, annually delivered to large classes, during a period of thirty years, are of course familiar to no small portion of the profession of the United States. We but reflect general opinion, in pronouncing them erudite, elaborate, and highly finished compositions, enriched with the stores of the most varied reading and of ample personal experience. The professor has, we believe, continued to retain, as the basis of his course, the original draft at first prepared, although many lectures have been re-written, and the whole often re-modelled. Keeping pace with the progress of medical science, Professor Chapman is yet slow to adopt, certainly to give currency to what are termed the novelties of the day. On a few subjects, his opinions differ from those generally received. His views of fever are of the ultra-solidist school, and of course at variance with the prevailing doctrines. It is foreign to our purpose, however, to canvass these points critically. Dr. Chapman's delivery of his lectures is animated and emphatic. His voice is clear, not of great volume, but so highly pitched as to seem loud. A slight

nasal intonation gives it a peculiarity, not unpleasant when the ear has become familiarized to it.

In addition to his courses at the University, Dr. Chapman for a long period gave clinical lectures in the hospital of the Philadelphia Almshouse. He has, moreover, for upwards of twenty years delivered a summer course of lectures in the Medical Institute. This Institution was founded by Dr. Chapman, although, as we learn, he has never participated in the fees, or exercised any control over the appointments to the chairs. In days of yore, the doctor was a leading debater at the Philadelphia Medical Society, when the floor of that Society was a field in which the ablest members of the profession met in earnest and often vehement discussion. Dr. Chapman has several times filled the honorable post of President of the Society. He is now the senior Vice President of the American Philosophical Society, and has, we believe, been chosen corresponding member of most of the learned societies of Europe.

Dr. Chapman's principal work is his "Therapeutics," published in 1817. It has gone through seven editions, one surreptitious; but the doctor has since refused to have it re-printed, until he finds time to bestow on it a thorough revision. The "Therapeutics" has enjoyed a long popularity. It is written in a very attractive style, and, as is well known, is thoroughly impregnated with most of the peculiar and original views of the author. It is perhaps hardly necessary to observe, that some of these are not in accordance with the opinions of a large portion of his professional brethren—as, for instance, the theory of the *modus operandi* of medicines.

In 1820 Dr. Chapman commenced the publication of the "Philadelphia Journal of the Medical and Physical Sciences," which he continued to edit for many years. The Journal was undertaken with liberal views—the doctor never receiving a salary for his services. He has since been an occasional contributor to different periodicals. A large number of his lectures have been published in the previous volumes of this Journal—elegantly written and standard monographs on a variety of subjects.

We feel that this sketch does very imperfect justice to one of the brightest ornaments of the profession. It has, however, the merit of being executed in a spirit of entire candor.

DESCRIPTION OF A CASE OF ALVEOLAR ABSCESS.

BY ISAAC I. GREENWOOD, M.D., D.D.S.

SOME few years past a foreign gentleman applied to me for professional aid, who had been treated by an eminent surgeon-densist for several years for a diseased dens sapientia. On examining the case, the malady was found to be seated in the alveolus of the tooth on the right labial side of the diacranian maxillary at the base of the coronoid process, where it forms a conjunction and continuation of the alveoli. In the first instance it had been formed by an erosive exposure of the medulla of that organ. The patient being of a timid disposition, and the surgeon not determined in extracting the tooth, an abscess had formed, and

the pus passing off from the weight of the matter aslantwise, and through the base of the alveolus of the tooth, had perforated the levator, affecting the rotary muscles opposite the orifice, and through the anterior surface of the skin, immediately under the centre of the belly of the digastricus, where it pierces the *meatus auditorius externus*, forming a considerable orifice; which issue he was in the habit of probing with a silver instrument, about six inches in length, and cleansing with lmt, &c. It was found that in making use of this instrument and forcing it in the whole length of the canal, which was straight and considerably indurated, the rigidity was such that the digastricus could not have its full force of expansion, and the masseter muscle of that side at its lower portion was affected as well as the pterygoideus externus in such a manner that the patient was not enabled to open his mouth more than half an inch.

By further probing the wound the instrument was found to strike upon a hard substance at the base, which by the sound was known to be the fangs of the diseased organ. The alveolus being destroyed on that side of the diacranian opposite, and on the labial section of the surface of the tooth; from the continuous issue of matter, the tooth irritating and acting as an extraneous body, and causing this flow, it was determined at once to perform the operation of extraction. No worse result could take place when the member was removed. The cutting was carefully yet fearlessly made, and the operation performed. The patient immediately feeling relief, the sanguineous discharge which followed was somewhat free, and considered favorable. Yet still the indurated canal remained and the rigidity of the parts not remedied. The patient was advised, when the wound healed in a measure, to lubricate the parts externally with emollients, such as had been prescribed by his physician and were of a mercurial nature, to cause a plianthness and relaxation of the muscles. The advice was concurred in, and a restitution of the parts was the effect of the application.—*Amer. Jour. and Library of Dental Science.*

ANOMALOUS RESULT OF AN OPERATION FOR STRICTURE OF THE URETHRA.

[Communicated for the Boston Medical and Surgical Journal.]

ON the 22d of Aug., 1840, I visited John Bradshaw, an athletic Englishman, of sanguine temperament, 30 years of age. He had retention of urine for the preceding two days, caused by a debauch and exposure to cold, aggravating a permanent stricture of seven years' standing. On attempting to pass the smallest catheter, it went, as near as I could judge, to that part nearest the bulb, but would go no further. I was equally unsuccessful with the smallest bougie. The bladder was greatly enlarged, being distinctly evident to the feel in the pubic region; severe expulsive pains, in character and frequency precisely similar to those of labor, were constant; pulse full, unyielding, and varying in the intervals of pain. On inquiring into his habits and occupation, was informed that he was a brewer, and accustomed to drink beer *ad libitum*; in his own words, from a quart to a gallon a day.

There being no convenience for the warm bath, and the case not admitting delay for the trial of opium or the mur. tincture of iron, I drew blood in a sitting posture *ad nauseam*, directing the patient to be raised at short intervals to encourage faintness, and to ensure that state tart. emetic solution was also directed. This was continued for an hour, with no benefit; not the smallest discharge of urine followed. The pulse, with the patient's previous habits, forbidding further depletion, I commenced the use of laudanum in doses of gtts. c. every hour, with gtts. xxx. mur. tincture of iron. This was continued for five hours, with no effect whatever. It was now midnight, and the patient's condition demanded immediate relief. The depletion he had already undergone, with his intemperate habits, rendered it proper, on a first view of his case, to select the most simple operation for his relief; the rectal puncture of the bladder would undoubtedly have afforded it, but having, on two previous occasions, in men of similar habits, found that operation followed by great cystic irritation, in one instance proving nearly fatal, I thought it proper to give the patient the chance of a radical cure. He had several times been subjected to great distress from the complete closure of the urethra after irregularities, which his habits rendered of frequent prospective occurrence. With the assistance of Dr. Vandervoort, of this city, I performed the operation of cutting into the stricture. I will state the steps succinctly, because the result that followed has entirely baffled my ability to explain.

The patient being tied as for lithotomy, and a catheter introduced down to the stricture, an incision was made through the perineum; two or three lesser ones brought me to its point near the bulb of the urethra; upon turning this aside, I exposed the point of the catheter above the stricture. My patient bearing the operation very ill, it being midnight, and the wound very deep, with a bad light, I lost no time in searching out the contracted part of the urethra. There had been considerable hæmorrhage from an artery which we found it difficult to secure, but made a cautious incision from the point of the catheter in a direct line with it and the raphæ of the perineum, upon the vesical portion of the urethra; this evidently incised the stricture, for there was a rapid gush of urine, amounting to half a pint, as near as could be judged from its rapidity. What was my astonishment to find it instantly cease on withdrawing the catheter, and a full stream of urine passing through the penis. An attempt was made to find the opening of the urethra nearest the bladder, but I failed in doing so, owing to the exhausted state of the patient and the badness of the light. He was placed on his side, a pledget of lint being left in the wound; the patient spent a good night. I visited him early in the morning, designing to search out the orifice and pass a catheter; but on questioning him respecting his urine, I found he had passed it with perfect freedom through the penis, none having issued through the perineum. I removed the pledget of lint from the wound, and did not think it proper under such circumstances to attempt to pass the elastic catheter, which I had intended, as usual in such cases, to leave till the urethra had united. The case progressed to a cure without an unfavorable symptom; not a drop of urine issued at any time through the pe-

rineum, and the patient now passes a full stream of urine, not only when temperate, but during his customary debauches. The largest catheter will also pass freely into the bladder.

Remarks.—This case is to me quite inexplicable. First, the reader will observe, the stricture was permanent, the patient for years having passed the smallest possible stream of urine, often guttatim for weeks together. This, with the severe depletion and anti-spasmodic treatment he underwent, no less than 500 drops of laudanum in five hours, together with the mur. tincture of iron, a remedy of established efficacy, forbids the idea of its being spasmodic in any degree. Secondly, the point of the catheter being exposed, and then the incision being made directly from it to the vesical portion of the urethra, and followed by a copious gush of urine, proves that the stricture was fairly incised. Why, then, did not the urine continue to pass through the perineum as the more ready outlet? and why did no traumatic stricture follow, though no catheter was introduced? I confess I am unable to answer. Some of your readers may. I publish the case, because I think we are all too much in the habit of setting forth our smooth cases, to the exclusion of such as may possibly show forth our own dulness. E. H. DIXON, M.D.

New York, May, 1842.

INSANITY AND DEATH FROM MASTURBATION.

BY ALFRED HITCHCOCK, M.D., ASHEV, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

THE records of lunatic hospitals, and the multiplication of books on the subject of masturbation, have probably, within a few years, been a means of inducing physicians to attach more importance than formerly to this habit as a cause of ill health; and have thus led to a more correct diagnosis and successful treatment of some of the worst forms of human disease. Evidence is not wanting, either from hospital or private practice, to show that the evil is wide spread and constantly in action. This cause of disease is sometimes overlooked by medical men, either from false notions of delicacy, or from ignorance, or from a selfish fear that suggestions on the subject will be heard with displeasure or repelled with indignation. The medical attendant in such cases treats the patient symptomatically, while the morbid cause continues in action, sapping the very foundations of health and strength, and death ere long closes the scene. As a general thing, the mass of community yet remain profoundly ignorant on this subject; and are ready to attribute diseases from this habit to any but their true cause. Within ten years a number of fatal cases have fallen under my observation, where death was clearly traceable to that cause alone. In each of these cases the friends and neighbors assigned "disappointed love" as the "*fons et origo mali*." The reasons for this kind of misjudgment are, probably, the restrained silence of scientific men on the subject, and the deceptions of garrulous empirics; who, themselves ignorant of the laws of physiology, depend for

patronage on the ignorance and superstitious whims of their employers. A general diffusion of the principles of physiology, or even a knowledge of the most important *laws* which the Creator has made to govern the temple of our living bodies, would create a dearth of empirics, and bring starvation upon many a money-getting juggler in medicine.

The most important and interesting case of masturbation which for several years has come under my observation, is the following:—

W—— J——, æt. 23, of sanguino-bilious temperament, had enjoyed good health through childhood and youth. From 14 to 16 years of age, he evinced a relish for books and a desire for intellectual pursuits. At 19 he left his father's farm, and engaged as a merchant's clerk in a neighboring village. At this time he was lively, cheerful, and fond of female society. In this employment he continued, except occasional absences at school, for nearly three years. Towards the latter part of this period, as I am informed by those who were then familiar with him, he became rather dilatory in business, languid in his movements, and began to show a dulness of perception, an aversion to the female sex, a desire for solitude, and a bashful timidity of countenance. In December, 1839, he became jaundiced and dyspeptic, with some febrile symptoms. He took cathartics for several days in succession, and afterwards cathartics and tonics, which relieved all his more prominent symptoms. For the next six or eight months he worked some on his father's farm, and for a while in the summer followed the business of peddling. In August, 1840, while peddling in Vermont, he was suddenly seized with a fit, which from accounts was probably of an epileptic character, although he never afterwards had another. From that time he manifested symptoms of insanity.

On his return home, some time in September, I was immediately sent for, and found him in the following condition. His physical appearance generally bespoke suffering and anxiety, or rather despondency—his flesh had very much wasted—his countenance was of a leaden sickly hue—the skin was generally dry and rough; occasionally, however, on the slightest excitement the blood would freely inject the capillaries, and soon after a warm, unctuous and offensive sweat would bedew the surface. His gait was unsteady and tottering—the muscular system greatly debilitated, and the motions tremulous and uncertain. He was very shy and taciturn in his appearance; answered questions very reluctantly, and his mind seemed totally incapable of fixing itself upon any subject even for a few minutes. He was generally sleepless, and sometimes highly delirious during the night. His breath was fetid, tongue and mouth white and pasty. The pulse was small, hard and frequent, but without the momentum and sharpness which indicate organic disease. The chest gave healthy sounds, and upon thorough examination I was satisfied that no viscus was seriously affected.

I was at no loss to ascribe *all the symptoms* to the habit of masturbation. On requesting a private interview, I drew from the unfortunate young man a full confession, which completely confirmed my diagnosis. "For six years," said he, "I have practised the habit. My propensity has grown stronger and stronger, and resistance has become an impossible

thing." He also acknowledged that for the last three months the pollutions had been involuntary. This was the first moment in his life that he had thought of harm or danger in the indulgence! While conversing with him, he seemed convinced of the cause of his ill health, and expressed, with a sort of despairing madness, his resolution to "go and sin no more." In view of the imbecile and delirious state of his mind, I expressed to his father my opinion of the cause of his sickness, and advised his immediate removal to the lunatic hospital. This opinion and advice was rejected by the father, although corroborated by several medical gentlemen who saw the patient, and more positively confirmed by confessions from his ruined son. My professional attendance, of course, soon ceased; and from that time to his death, a period of five months, he took the "cure alls" of empirics of every grade. The root doctor, the Thomsonian, and the fourpenny fortune-teller, each in turn tried his magic skill; and not one of them, either from ignorance or from selfish reasons, ever alluded to the true but hidden cause of all the symptoms.

As a matter of course, the state of the patient became worse and worse. The stomach rejected its contents, the bowels became obstinately constipated, and the body wasted to the most extreme degree of atrophy. His mind became a complete wreck—a part of the time furiously mad, then groaning with despair or tortured with wild and idiotic lunacy. He complained of no pain, except an obtuse compressive feeling in the left hypochondrium. For the last two months of his life his mind seemed unceasingly fixed upon that spot as the seat of all his trouble. He would implore every one that he saw to cut him open and "fix something that was wrong"—and from morning to night he would toss himself upon the floor or the bed, wringing his skeleton hands in anguish, shrieking and groaning with a sepulchral voice, because no one would "operate on him." In short, a more deplorable, loathsome or ghastly specimen of human suffering could not well be imagined. For a short time before dissolution, he became rather calm, and reason seemed partially to regain her seat, as if to witness the dying struggle of the victim, and, perchance, to reproach her possessor for the ignoble sacrifice of manly strength and youthful vigor to a debasing and suicidal habit.

The post-mortem appearances, as witnessed by Drs. Barr, Stone, Haynes, Gibson and myself, were the following:—

The body was covered with numerous dark-purple spots, and presented the most extreme degree of emaciation, both of the muscular and adipose tissues. The heart and lungs were healthy, excepting perhaps a slight degree of atrophy. The liver not changed in appearance. Gall bladder largely distended with very dark viscid bile. The spleen healthy. The mucous membrane of the stomach inflamed and very much thickened, especially towards the pyloric orifice. The mucous membrane of the intestinal tube inflamed and very much thickened throughout nearly its whole extent, while the muscular coats were much atrophied and in some places completely wanting. The pelvic and abdominal muscles were atrophied, black and softened. The psoas muscles in particular, on being removed, had no elasticity, but would break

under the fingers like flesh that is semi-putrid or has been a long time macerated in water. The kidneys and bladder nearly natural. The vesicula seminales were greatly enlarged, and each contained about a tea-spoonful of pus. The testicles were very much atrophied, white, and almost entirely destitute of any moisture. The bodies of the two lower dorsal vertebrae were partially carious, with about an ounce of pus lying upon their anterior surfaces. The brain, much to our regret, owing to unavoidable circumstances, could not be examined. The medical gentlemen present were unanimous in the opinion that *masturbation* had been the cause of all the symptoms and pathological appearances.

There is a great reluctance on the part of our profession to "speak the whole truth" on this disgusting subject. Does not this silence cherish the ignorance and weak prejudices of the community, and thus indirectly afford encouragement and patronage to boasting empirics and unprincipled medical pretenders. Shall we shut our mouths from candidly, and in a proper manner, speaking the truth to our patients, for fear of offending the pride of families? Shall we indeed, for selfish reasons, compromise the lives of our patients at the shrine of popular prejudice? Can we discharge our whole duty as laborers for the best good of suffering humanity, while we thus pocket the key of knowledge, and suffer the community to remain ignorant of this destroying Moloch of civilized society? Our profession, as a general thing, have nobly come forward and denounced intemperance as one of our greatest individual and national evils. The symptoms and morbid anatomy of intemperance are well known and easily understood. People do not have to wait for the disclosures of the dissecting knife to learn whether this or that man died a drunkard. The bloated form, the staggering gait, the palsied limbs, the blood-shot eyes, the nose embossed with carbuncles, speak a language that needs no interpretation. But not so plain are the symptoms of the evil in question. It is insidious, but certain in its operation. Its course is silent and solitary, but mighty and ruthless are its movements. It steals unseen and almost unfelt, but blights and destroys like the breath of the sirocco. The manly frame totters and decays beneath its undermining power, while the social, moral and intellectual man is wrecked or annihilated in the ruin!

May, 1842.

TRAUMATIC TETANUS TREATED BY FREE BLEEDING.

[Dr. C. C. HIGGINS, of Staffordshire, relates the following interesting case in the London Lancet.]

James Sleeming, aged 18, a stout farmer's laborer, on February 5th wounded his hand rather severely with a straw-cutting engine, the nail part of one finger being completely divided. The wound was simply treated, and at the end of fourteen days was apparently well. At this time he got very wet from swimming through the river Blythe, being previously heated from following the fox hounds (on foot); on the night of the 21st February he slept in a hovel exposed to the weather, which

was cold and frosty. From this time he complained of being poorly, and on Friday, the 25th, I was sent for, and found him complaining of violent spasmodic pain at the epigastrium, with great difficulty of breathing; stiffness about the muscles of the neck; an inability to open his mouth, and difficulty of lying down; the pulse 120, full and throbbing, but little fever. I bled him to about twenty ounces; ordered him four grains of calomel and two of opium to be taken directly, and nauseating doses of tartar emetic, combined with a saline aperient, every three hours. The bowels were acted upon, but the pain and spasm not relieved. In the evening of the same day I ordered him one grain and a half of opium every three hours, and a mixture composed of camphor, ether and laudanum. The spasms still continued with unabated violence, the means already tried apparently not affording the least relief. On the morning of Saturday he suffered very much from the pain and spasm of the diaphragm, and also of the pectoral muscles. I now bled him to thirty ounces from a free orifice, which produced rather a long fit of syncope, in which state he was quite free from spasm; as he recovered it returned, but with less violence.

He still continued taking two grains of opium every three hours with the antispasmodic mixture, and in the evening could open his mouth with perfect ease, and complained of but little pain. On my leaving him he prevailed upon his mother to allow him to get up, which brought on the spasm with increased violence. I was called in the night, being told he was dying; I went, and found him standing by the bed-side leaning on his mother, the body bent forward, and dreading the least motion, as it increased very much the difficulty of breathing. He remained in this position for three hours; I gave him some ether in a state of vapor, which afforded some relief.

On the morning of Sunday I found him in a complete state of opisthotonos, but complaining very little of pain or difficulty of breathing if he was not moved; he was able to talk freely, and swallow fluids without difficulty. At this time he was quite under the stimulating influence of the opium, in a complete state of intoxication; the pulse still 120, full and throbbing. Continued the opium in one and a half grain doses. On Monday, the 28th, I found him in the exact position I had left him, the body resting on the head and heels. Again bled him to sixteen ounces, and directed a continuance of the pills and mixture.

March 1. Much the same as yesterday; pills and mixture continued regularly every three hours.

2. Still remains in the same state, dreading the least motion, as it increased the spasm. Medicine continued. During this night he had a profuse perspiration, and on the morning of the 3rd appeared much relieved; the opisthotonos so far gone as to allow of his turning on his side. As the bowels had not been relieved for the last two days, I ordered him an aperient draught, to discontinue the antispasmodic mixture, and continue opium pills if the spasm increased in severity. During the 4th he remained tolerably easy, but still dreading any motion of the belly, preferring to lie constantly on his body. From this time he began to move more freely, and open his mouth with greater ease; a considerable quan-

tity of pus and bloody serum escaped from the mouth; the tongue was found much lacerated, and he also expectorated a considerable quantity of mucus tinged with blood. From this time to the 10th he continued to take the opium occasionally, as the least motion brought on the spasmodic action, and has since continued to improve, with occasional spasmodic twitching, and is now nearly well.

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BOSTON, JUNE 8, 1842.

SPECIAL PATHOLOGY AND THERAPEUTICS.

SINCE a former notice was taken of Dr. Dunglison's recently-published system of the *Practice of Medicine*, we have made further examination, and the work stands higher in our estimation now, than when first announced. There is one particular advantage in these volumes. Turn to any disease treated of by the author, and every fact that can be of any importance to the reader, is readily found in the natural order of arranging the materials of each article. For example, Chapter 2d, of the second volume, treats in a few words of the *general anatomy of the pancreas*; next follow observations on inflammation of the organ, and the terms made use of in Latin, English, French and German, to express that condition, either by ancient or modern authors. *Diagnosis* naturally enough succeeds—and then the *causes*. Then come the pathological characters—and, finally, *treatment*, the essential part of the essay. A young practitioner values this orderly method, which enables him at once to ascertain those circumstances in regard to a disease which may be under his care, essential for him to know. He has neither had practice nor experience to make him familiar with whatever may occur; and the frequent reference necessarily made to a standard author, makes it important that he should not only have the best authority, but that which is correct, methodical and concise. Such books are needed, and whenever they appear invariably receive the hearty approbation of the medical community. The correct and concise teachings in the late American edition of Dr. Marshall Hall, explain the secret of its rapid sale. Those tediously constructed medical guides, of which the world is quite full enough, that discuss topics till the reader forgets the beginning before he arrives at the end; in which no facts are presented, and from which no conclusions can be drawn, are the lumber of modern libraries. They are equivalent to wooden blocks, painted to resemble tomes, which are to be seen on the upper shelves of some private libraries—filling space, but only to be handled by the owners.

Dr. Dunglison has succeeded well in this last undertaking. An immense amount of truly valuable matter is concentrated into a comparatively small space, and yet there is not a crowded appearance, nor a redundancy of useless words. To the young practitioner, therefore, especially, this treatise must be a useful guide and monitor. If its true merits have been overlooked, or its claims neglected, by those who can

appreciate accurate descriptions of the varying shades of disease, it is quite certain that in this case merit will eventually not go unrewarded. Having spoken thus freely, unbiased by the partialities of any one, we enjoin upon our young friends in active practice to take to themselves this responsible and trusty medical sentinel.

Opening the Eyes of the Blind.—A visit to the Massachusetts Charitable Eye and Ear Infirmary, located in Green street, in this city, should be made by every medical gentleman who is not already familiar with the objects of sympathy which such an institution presents. The institution is not valued half enough by the inhabitants of the city, principally because they know but little about the concerns of the interior. If its merits were more generally understood, we are quite sure it would be more extensively beneficial to that class of blind persons who might find sight through the instrumentality of art. There are blind people of both sexes, young and old, scattered here and there over all the New England States, neglected and perhaps nearly forgotten by those who should manifest an untiring devotion to them, because they have arrived at the unwarranted conclusion that no operation or surgical treatment can restore their sight. Some of these might unquestionably have a restoration of vision. This prospect, even if quite remote, should stimulate the unfortunate to get the opinions of those oculists who of all others are best qualified to give an opinion upon their case, from the circumstance that constant familiarity with any imaginable disease of the eye, gives them great advantage over those having less acquaintance with the various conditions of the organ.

On Wednesday last we saw Dr. Jeffries operate for an artificial pupil, at the Infirmary, where the chance for imperfect vision was exceedingly small; yet the surgeon entertains a faint hope of letting in a little light upon the unfortunate patient. Dr. Bethune, one of the assistant surgeons, kindly permitted us to bring away a few memoranda.

The unfortunate subject was Charles H. Baker, who was "blown up" while blasting. Has a closure of the pupil of the right eye, with a total destruction of the left. The right cornea opaque at the upper part; lower margin clear; sees light. April 16th. Dr. Jeffries operated by cutting the iris in two places with the iris knife—carrying it through the cornea: iris did not retract. May 28th. Sees light more distinctly—no other change. June 1. Operation repeated to-day; the two former incisions united by a third. A large opening was made; and should it finally prove a successful operation, no one with a clear spot in any part of the cornea, the size of the head of a pin, need despair, since a pupil can be constructed opposite the transparent point, and thus open a communication with the external world.

The Pharmacopœia of the United States of America.—Much to our gratification, a copy of this carefully devised and revised work, from the press of Messrs. Grigg & Elliot, Philadelphia, is upon our table. Its typographical execution is inviting—and withal, the letters are so large and distinct that no one can complain on that score. Further observations are intended in regard to its character and claims.

Galvanism to remove Cataract.—By the late arrival of the Columbia at this port, interspersed among other new and curious scientific matters brought by her, we are partially made acquainted with a successful experiment in London for removing cataracts from the eyes by galvanism. It is asserted that several eminent physicians are engaged in the inquiry, and a good deal of excitement has already been created by the little that has been achieved by the aid of this singular agent. Particulars will be laid before the profession, should anything be gleaned worth re-publication.

New Medical Works in Press.—From the Medical Intelligencer, an advertising sheet issued quarterly by Messrs. Lea & Blanchard, of Philadelphia, the gratifying information is received that Dr. Pereira's Elements of Materia Medica, the non-republication of which, in this country, was spoken of in this Journal a week or two since, is in press. It will appear in two volumes, containing natural history, preparations, properties, composition, effects and uses of medicine. Also a work by Thomas B. Mutter, M.D., Professor of Surgery in the Jefferson Medical College, on the Principles and Practice of Surgery, illustrated by numerous engravings and wood cuts. Is there not invention enough in all North America to produce a new title? That of *Principles and Practice*, like *First Lines of Physiology*, is a drug in the medical market. *Principles and Practice of Modern Surgery*, by Robert Druitt, with notes by Dr. Joshua B. Flint, of Louisville, Ky., late Professor of Surgery in the Medical Institute, is also to be forthcoming. It is said to be an unrivalled production.

Vitality—contra-distinguished from Chemical and Mechanical Philosophy.—Such is the title of a learned paper sent to us for publication in the Journal. In order to publish it at all, it would necessarily, on account of its length, have to be introduced piecemeal, to the manifest injury of the article. While thanks are due to our correspondent for his attention, it is recommended to him to give it to the world in a pamphlet, either as a supplement to our Journal or by itself, as the readiest method of bringing it generally and at once before the medical public. Extracts could, in the latter case, be made with propriety, without the danger of surfeiting any one with too much of one thing. In this hurrying age, no one will, if he can, afford time for long Journal articles; they are scarcely ever read, even by patient, devoted, at-leisure students; but that which would be rejected in a periodical, if presented in the form of a pamphlet, or even in a large book, commands the respectful attention of those who study to be wise.

Munroe Co. Medical Society, N. Y.—At the anniversary meeting, May 11th, Dr. E. W. Armstrong communicated a case of empyema, and Dr. E. M. Moore, pursuant to appointment, read a dissertation on the catarrhal complaints of children.

The President, Dr. Maltby Strong, read an interesting and appropriate address, and by a vote of the Society, was requested to furnish a copy for publication.

The nominating committee having reported, the following persons were elected officers for the ensuing year:—

President, Dr. Samuel B. Bradley, of Greece; *Vice President*, Dr. P. McNaughton, of Scottsville; *Secretary*, Dr. W. W. Ely, of Rochester; *Treasurer*, Dr. P. G. Toby, of Rochester; *Delegate to the State Medical Society*, Dr. Maltby Strong, of Rochester; *Censors*, Drs. W. W. Reid, E. M. Moore, E. W. Armstrong, E. S. Marsh, of Rochester—Socrates Smith, of Rush, Davis Carpenter, Ralph Thacher, of Brockport.

Thirty-five members were present. Whole number of practitioners connected with the Society, in the county, 77; of whom 34 reside in the city of Rochester. There are also about 25 licensed physicians who have not yet been received as members of the Society.

Navy Surgeons.—The Army and Navy Chronicle says:—We do not believe that stronger evidence of the necessity for increasing the Medical Corps of the Navy could be found, than in the striking fact that the sloop of war Vandalia has sailed for the coast of Africa—the most sickly station in the world—with only one medical officer on board. Two Assistant Surgeons were ordered, but both relieved in consequence of ill health; and the vessel was detained a week waiting in expectation of another. It is also a fact that a short time since, at the Boston station, there was but one surgeon to attend to the duties of the navy yard, receiving ship, rendezvous, and hospital, where there are usually four full surgeons and as many assistants—all the others having been withdrawn for service in other vessels.

MARRIED.—In Derry, N. H., May 3, Josiah C. Eastman, M.D., of Hampstead, to Miss Anne Augusta Willson, of the former place.—At New York, Matthew Stevenson, M.D., of Cambridge, N. Y., to Miss A. L. Auchincloss.

DIED.—At Neapel, in December last, the celebrated surgeon Dr. Fricke, of Hamburg.

Number of deaths in Boston for the week ending June 4, 59.—Males, 31; Females, 28. Stillborn, 1.

Of consumption, 8—fits, 1—marasmus, 2—infantile, 5—cachexia, 1—quinsy, 1—teething, 4—intemperance, 1—scarlet fever, 12—dropsy on the brain, 1—croup, 1—lung fever, 2—inflammation of the brain, 1—disease of the heart, 1—accidental, 1—measles, 2—scrofula, 1—fever, 1—smallpox, 1—dropsy on the chest, 2—inflammation of the bowels, 1—dropsy, 2—drowned, 1—gravel, 1—inflammation of the stomach, 1—throat distemper, 2—old age, 1—unknown, 2.

NEW ENGLAND QUARTERLY MEDICAL JOURNAL.

THE first No. of this Journal, comprising 156 pages, large octavo, is now ready for delivery. The original articles are—On tic douloureux and diseases of the teeth, by Dr. Thos. Gray, Jr.; on ergot in protracted parturition—Dr. Edw. Warren; abstract of midwifery cases—Dr. D. H. Storer; Scarlet fever—Dr. E. Hale; tuberculous diseases—Dr. J. B. S. Jackson; division of various muscles—Dr. Jos. Sargent; Report of surgical cases—Dr. G. Hayward; strangulated hernia—Dr. J. M. Warren; Iritis—Dr. G. A. Bethune. These are followed by Reviews—Bibliographical notices—Scientific Intelligence—Extracts. Price \$3 a year, payable in advance. D. CLAPP, JR., Publisher.

SURGICAL INSTRUMENTS.

THE subscriber would respectfully inform the medical profession of the New England States, that he has taken an office at No. 128 Washington street, corner of Water street, Boston, where he shall be happy to execute all orders with which he may be favored. Having served for a number of years in Germany, at his profession, and having, also, been employed in England and New York, in forming and finishing instruments of the most delicate kind in use in Surgery, he feels confident that he shall be enabled to give perfect satisfaction to those who may be pleased to patronize him. He begs leave to offer the following testimonial of several medical gentlemen of this city. C. A. ZEITZ.

We, the undersigned, would cordially recommend Mr. C. A. Zeitz as a thorough artist. The surgical instruments of his make, which we have ourselves used, have fully answered our expectations; and we can, therefore, with the more confidence recommend him to the medical profession generally.

Je 8—

JOHN C. WARREN, }
GEO. HAYWARD, } Surgeons to Mass. General Hospital.
S. D. TOWNSEND, }

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1842. May.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Sun.	M.	A.	Sun.	M.	A.			
1 Sun.	40	62	53	29.14	29.00	28.96	S	Cloudy	Missouri currant and fever bush in blossom.
2 Mon.	46	52	49	28.95	28.98	29.03	SW	Cloudy	White maple in blossom.
3 Tues.	46	50	45	29.22	29.35	29.33	NE	Cloudy	Plum trees in blossom.
4 Wed.	42	54	49	29.24	29.35	29.42	NE	Fair	
5 Thur.	44	61	62	29.56	29.60	29.55	W	Fair	Wild cherry in blossom.
6 Frid.	43	72	64	29.49	29.30	29.28	SW	Fair	
7 Satur.	40	52	54	29.43	29.51	29.51	N	Fair	
8 Sun.	36	58	47	29.50	29.36	29.30	NW	Fair	White frost.
9 Mon.	46	50	42	29.13	29.14	29.15	SW	Fair	Apple trees in blossom.
10 Tues.	38	46	53	29.15	29.13	29.10	SW	Cloudy	Rain in the night.
11 Wed.	44	78	61	29.09	29.05	29.09	W	Fair	Thunder shower about half past 11.
12 Thur.	47	57	51	29.16	29.23	29.24	S	Fair	
13 Frid.	42	64	55	29.40	29.24	29.18	S	Fair	
14 Satur.	43	58	54	29.33	29.41	29.45	NW	Fair	Tartarian honeysuckle in blossom.
15 Sun.	40	62	52	29.48	29.45	29.39	SW	Fair	
16 Mon.	39	60	57	29.32	29.30	29.35	SW	Fair	
17 Tues.	49	75	65	29.55	29.63	29.65	SE	Fair	
18 Wed.	50	74	66	29.69	29.65	29.62	SE	Fair	
19 Thur.	54	73	56	29.54	29.48	29.56	SW	Cloudy	
20 Frid.	40	40	49	29.73	29.75	29.76	NE	Cloudy	Rain and snow in the morning.
21 Satur.	35	65	58	29.73	29.68	29.62	SW	Fair	Heavy frost. White clover in blossom.
22 Sun.	46	59	56	29.48	29.32	29.27	SW	Cloudy	
23 Mon.	48	53	51	29.20	29.32	29.39	NE	Rain	
24 Tues.	42	64	55	29.48	29.46	29.43	SW	Fair	Fog in the low lands.
25 Wed.	50	65	60	29.30	29.26	29.27	NW	Fair	Rain in the night.
26 Thur.	49	68	64	29.30	29.35	29.37	W	Fair	
27 Frid.	49	56	53	29.43	29.37	29.30	SW	Rain	
28 Satur.	49	69	66	29.30	29.31	29.35	W	Fair	Heavy fog in the morning.
29 Sun.	49	62	52	29.38	29.35	29.26	SW	Rain	
30 Mon.	48	54	56	29.07	29.01	29.00	NE	Cloudy	
31 Tues.	47	60	63	29.11	29.18	29.24	NW	Fair	

The month of May has had a full share of cold, wet and blustering weather. It has closed with favorable indications for the husbandman. A frost on the 21st destroyed tender vegetables and some fruits in low lands, but did not affect the important fruits. Thermometer ranged from 35 to 78—mean 56. Barometer from 28.95 to 29.76. Rain fell 3.24 inches.

MEDICAL INSTRUCTION.

The subscribers at their room, 5 1-2 Tremont Row, continue to give instruction in all the branches of a thorough medical education, in connection with attendance on the Massachusetts General Hospital and the infirmary for Diseases of the Lungs, the practical study of anatomy, &c.

Ap. 6—

H. I. BOWDITCH,
H. G. WILEY,
G. C. SHATTUCK, JR.
S. PARKMAN.

MEDICAL INSTRUCTION.

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Chelsea, September, 1841.

Sep. 8—copied.

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